

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: SHERIFF' S DEPARTMENT OVERSIGHT BOARD

Seat # (Required - see Vacancy Notice for qualifications): 2

Full Name: Estela Ortiz

[Redacted] Zip Code: 94102
Position: Case Manager

Work Phone: _____ Employer: Providence Foundation

Business Address: 1218 Mendell St Zip Code: 94110

Business Email: eortiz@providencefoundationsf.org Home Email: [Redacted]

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes No If No, place of residence: _____
18 Years of Age or Older: Yes No

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

First generation Latina American born and raised in San Francisco. I grew up in the Mission District and the Bayview Hunters Point District and have faced many adversity and have committed my self to be resilient through it all. I am still a resident of San Francisco and have dedicated my career to serving those in impacted by social injustice. I have worked with a diverse demographic from different walks of life. I see everyone as a human being no matter where they come from and I stand for what is just and for the truth no matter what. I consider myself a diplomatic, compassionate advocate for all.

(Applications must be submitted to BOS-Appointments@sfgov.org or to the mailing address listed above.)

Business and/or Professional Experience:

I am a compassionate leader dedicated to serving and designing impactful programs aimed at enhancing our communities. As a lifelong learner and autodidact, I firmly believe that every challenge presents an opportunity for a solution. I am passionate about training and guiding the next generation of community professionals through a trauma-informed lens. My lived experiences fuel my commitment to support individuals facing disadvantage and trauma

Supervise a 4-member community safety team.
Recruit, train, and orient over 60 volunteers.
Organize events and submit plans, delegate responsibilities to event staff.

Partner with CBOs for monthly resource fairs.
Supervised comprehensive intake for program enrollment and directed a team of up to 4 staff members.
Developed staff work plans and conducted regular supervision meetings.
Directed educational programs for low socioeconomic students.
Cultivated a sense of community among youth based on sisterhood and brotherhood principles.
Developed curricula promoting self-sufficiency, positive relationships, and social awareness.
Restorative Justice Training - Catholic Charities
CSEC Mentor Training - Love Never Fails
Teen Dating Violence Prevention Training - A Safe Place, Oakland
Suicide Prevention Training - Fathers and Families Coalition of America
Nurturing Fathers Curriculum Facilitators Training
Diversity, Equity, Inclusion, and Belonging - Creative Consulting Group

Civic Activities:

Advocated for victims of human trafficking
Outreached to victims in Oakland and San Francisco
Provided victim resources
Sat on the City of Oakland CSEC Task Force

Advocated for Families impacted by the justice system
Advocate for Victims of Domestic Violence fighting for custody or cps involved

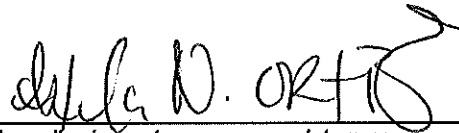
Coordinate annual Free Community Event -

Lead Project Logistics and Operations
Lead a collective of 20 volunteer committee lead members
Host and facilitate weekly team meetings
Plan and host fundraisers
Create and Lead the following Committees
Recruit, orient and coach volunteers
Facilitate team building activities and capacity building.

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 11/20/2024

Applicant's Signature (required): 

(Manually sign or type your complete name.
NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Ortiz	Estela	Nataly

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Sherrifs Department Oversight Board

Division, Board, Department, District, if applicable
Board of Supervisors

Your Position
SF Resident

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

Multi-County _____ County of _____

City of San Francisco Ca Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2023, through December 31, 2023. Leaving Office: Date Left ____/____/____ (Check one circle.)

-or- The period covered is ____/____/____, through December 31, 2023. The period covered is January 1, 2023, through the date of leaving office.

Assuming Office: Date assumed ____/____/____ -or- The period covered is ____/____/____, through the date of leaving office.

Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

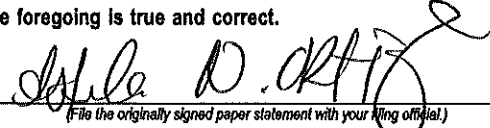
5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)	150 Van Ness Ave	San Francisco	Ca	94102
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(415) 756-9064	estelanortiz@gmail.com			

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 12/02/2024
(month, day, year)

Signature 
(File the originally signed paper statement with your filing official.)

BOARD of SUPERVISORS



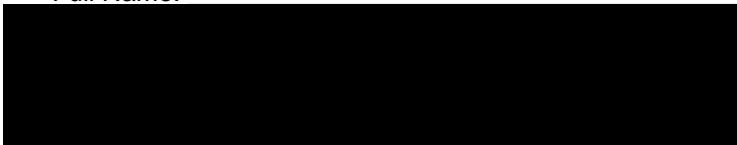
City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
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Application for Boards, Commissions, Committees, & Task Forces

Name of Board/Commission/Committee/Task Force: Sheriff's Department Oversight Board

Seat # (Required - see Vacancy Notice for qualifications): 2

Full Name: Neil Patrick Hallinan



Zip Code: 94118

Occupation: Attorney at Law

Work Phone: Employer: Self

Business Address: 345 Franklin Street Zip Code: 94102

Business Email: neil@hallinanlawfirm.com Home Email: neil@hallinanlawfirm.com

Pursuant to Charter, Section 4.101(a)(2), Boards and Commissions established by the Charter must consist of residents of the City and County of San Francisco who are 18 years of age or older (unless otherwise stated in the code authority). For certain appointments, the Board of Supervisors may waive the residency requirement.

Resident of San Francisco: Yes [X] No [] If No, place of residence:
18 Years of Age or Older: Yes [X] No []

Pursuant to Charter, Section 4.101(a)(1), please state how your qualifications represent the communities of interest, neighborhoods, and the diversity in ethnicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualities of the City and County of San Francisco:

I am a criminal defense attorney, representing numerous clients currently housed in both active county jails. My job requires that I go to the jails, and that I work with the infrastructure of the Sheriff's Department to access my clients. Additionally, I work at 850 Bryan on a near-daily basis, where I work with and observe members of the Sheriff's office on duty.

My qualifications are informed by my uniquely San Franciscan background and experience. I am a 4th generation San Franciscan, of Irish and Jewish decent, born in the city just like both of my parents and all four of my grandparents, and now I am raising my daughter here. All of my forefathers left their respective homes on opposite sides of Europe to escape oppression and poverty. One great grandfather became a street-car driver on market street; his family was evicted from their apartment in the aftermath of the 1906 earthquake to make room for, and collect higher rents from wealthier residents who had been displaced by the fire. Another great grandfather was an immigrant carpenter with little work, raising a family of four on the Upper East Side of Manhattan, who was called to San Francisco in 1907 to help rebuild the city. The lessons of their experiences - persecution, poverty, immigration, and the values of good education, family, and community - were never lost on their descendants, including myself. San Francisco has provided the community from which my family was allowed to thrive and succeed without ever betraying those lessons.

Business and/or Professional Experience: 17 Years as a Criminal Defense Attorney

As stated, I am a criminal defense attorney, representing numerous clients currently housed in both active county jails. I served as a public defender for 10 years, between two other counties, and I have been in private practice in San Francisco since April 2018. My first job upon college graduation was at the Board of Supervisors, from 2000-2001. Between working at City Hall, 850 Bryant, and both jails, I have had a close view of the work the Sheriff's deputies perform.

I understand law enforcement from the perspective of a criminal defense attorney, but I also know enough deputies and police officers on a personal level to understand that oversight requires the right combination of 1) understanding policy and 2) empathizing with the people to whom any such policies apply - which policies require strict application and enforcement, and which should allow for flexibility and second chances.

Civic Activities: Non-Profit

I was active in local civics between my college graduation in 2000 and the beginning of law school in 2003. I have been eager to re-engage.

Since then, I have been on two non-profit boards, including the San Francisco Criminal Trial Lawyers Association, of which I have been president for three years.

Have you attended any meetings of the body to which you are applying? Yes No

An appearance before the Rules Committee may be required at a scheduled public hearing, prior to the Board of Supervisors considering the recommended appointment. Applications should be received ten (10) days prior to the scheduled public hearing.

Date: 11/30/2024

Applicant's Signature (required):



(Manually sign or type your complete name.

NOTE: By typing your complete name, you are hereby consenting to use of electronic signature.)

Please Note: Your application will be retained for one year. Once completed, this form, including all attachments, become public record.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Vacated: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hallinan Neil Patrick

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Office of Sheriff's Inspector General

Division, Board, Department, District, if applicable Your Position
Sheriff's Department Oversight Board Applicant

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other City & County of San Francisco

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2023, through December 31, 2023.
- or- The period covered is ____/____/____, through December 31, 2023.
- Assuming Office: Date assumed 12 / 9 / 2024
- Leaving Office: Date Left ____/____/____ (Check one circle.)
- The period covered is January 1, 2023, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments – schedule attached
- Schedule A-2 - Investments – schedule attached
- Schedule B - Real Property – schedule attached
- Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule D - Income – Gifts – schedule attached
- Schedule E - Income – Gifts – Travel Payments – schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
345 Franklin Street San Francisco CA 94102

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(415) 837-3449 neil@hallinanlawfirm.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 12/04/2024
(month, day, year)

Signature 
(File the originally signed paper statement with your filing official.)

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name _____

▶ NAME OF BUSINESS ENTITY
Alameda County Employee Retirement Agency

GENERAL DESCRIPTION OF THIS BUSINESS
Public Employee Retirement System

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other Retirement
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 23 / / 23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Empower RET

GENERAL DESCRIPTION OF THIS BUSINESS
Investment Banking

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other Deferred Comp (457(b))
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 23 / / 23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Sacramento County Employee Retirement System

GENERAL DESCRIPTION OF THIS BUSINESS
Public Employee Retirement System

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other Retirement
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 23 / / 23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Salesfore

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 23 / / 23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Charles Schwab

GENERAL DESCRIPTION OF THIS BUSINESS
Investment Banking

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other SEP IRA
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 23 / / 23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 23 / / 23
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. BUSINESS ENTITY OR TRUST

Hallinan Law Firm

Name
345 Franklin Street, San Francisco, CA 94102

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Sole Law Practice, Criminal Defense

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999	_____ / ____ / <u>23</u>	_____ / ____ / <u>23</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION Sole Proprietor, Attorney at Law

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input checked="" type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

345 Franklin Street, San Francisco, CA 94102

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	_____ / ____ / <u>23</u>	_____ / ____ / <u>23</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold 0 Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999	_____ / ____ / <u>23</u>	_____ / ____ / <u>23</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	_____ / ____ / <u>23</u>	_____ / ____ / <u>23</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: #4 pertains to office rental

